

SPECIAL ARTICLES

CUBA: HEALTH-INSURANCE TEST-TUBE.*

Doctors Dislike Mutual-Benefit Societies; Run Own Clinics

Last week [April 20, 1937] after spirited debate, the New York State Assembly passed the Fite Bill, which entitles every mother, married or unmarried, citizen or alien, to claim a contribution of \$75 from the State toward the expense of childbirth. . . . Passage of the measure by the Senate is problematical, but the bill serves as a straw in the wind blown up by the recent survey of American medicine by the American Foundation,¹ indicates that the reëxamination of problems involved in distributing medical care is reaching the stage of legislative ferment.

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As a phase of social-security agitation, discussion of the relationship between patient and physician usually revolves around the compulsory health-insurance laws of European countries. Conflicting conclusions are drawn from European experience. Less well known is the system of coöperative medicine which has been operating in Cuba for fifty years.

The tight little isle in the Gulf, just a plane's-throw off the Florida Keys, constitutes a medical microcosm which reveals the evolution of medical care along lines of national necessity. Since a weighty section of medical opinion in this country believes that medicine should not be confined by social legislation, but should follow a process of natural evolution, the Cuban experience is worthy of examination as a novel case history of the course evolution sometimes pursues.

ACTION

With a Latin leaning toward direct action, Cuban patients and physicians have fought out their problems in a manner without the remotest American parallel. Drama reached a high pitch which included such startling exhibitions as a march of fifty thousand citizens on the Capital, a walk-out of doctors, the kidnaping of surgeons by frantic relatives who forced them to perform operations at the point of a gun. The situation still seethes and simmers, but overt expression is restrained by the powerful Colonel Fulgencio Batista.

Spanish immigrants flocking to the new and unexploited land of Cuba in the years between 1880 and 1898 were for the most part clerks, laborers, waiters, financially submerged in a strange country with only the most primitive educational and medical facilities. Unable to pay for doctors or hospitals, the people found sickness an overwhelming catastrophe. To meet this situation, colonials hailing from the same provincial regions of Spain formed mutual-benefit societies.

Originally these organizations used their funds merely to buy clubhouses and to send their members to hospitals when they fell ill.

Big three of the mutual-benefit societies are the *Centro Gallego*, oldest of them all, founded by Galicians in 1879; the *Centro Asturiano*, founded in 1886; and the *Asociación de Dependientes del Comercio* (Association of Commercial Employees), organized in 1880 and one of the first to throw its doors open to native Cubans and foreign residents. In addition to these there are a half-dozen smaller regional societies, some twenty-five native Cuban organizations patterned on the same model.

Today these mutual-benefit societies provide much more than medical care. They offer the facilities of a social club,

run employment bureaus, give legal advice, have established schools and libraries.² But, most important, they have built some of the largest and best-equipped hospital centers, or *quintas*. These are small cities in themselves, which may have from one to thirty pavilions, each dedicated to a special branch of medicine. *Quinta Covadonga*, which belongs to the Asturian Center, has thirty pavilions which include a nurses' training school, interns' residence hall, a chapel, carpentry shop, pharmacy, workshop to make uniforms, gowns, and linens.

Centro Gallego spent \$2,000,000 in 1915 erecting an administration building facing the *Parque Central* in the heart of Havana. Across the park, *Centro Asturiano* has a Spanish baroque structure rivaling the Cuban Presidential Palace in architectural swank. The Association of Commercial Employees also has spacious headquarters in Havana, equipped with gymnasium, schoolroom, library, and ballroom.

Whence comes this financial potency? The \$2 monthly fee of members provides the funds. For this, members are entitled more than medical care: After twenty-five years a member can enter the old-age home maintained by most of the societies and be taken care of for the rest of his life. Often burial expenses are defrayed. Patients requiring a change of climate are entitled to third-class passage to any destination a doctor may deem beneficial and \$700 in cash. Members may use game rooms, libraries, attend social functions, send their children to society schools. For minor ailments a member can obtain free medicine when prescribed by a staff doctor.

A typical example of what the member gets for his \$2 a month dues is seen in the case of an appendicitis operation. A nonmember requiring such an operation at one of the *quintas* would pay a minimum fee of \$170, budgeted about as follows: Hospital room for seven days, \$35; operation, \$100; operating room, \$10; food, \$10; nurse, \$15—total, \$170.

This all comes to the member by virtue of his nominal monthly payment. Many members could not possibly meet such a lump-sum payment as \$170; other members, more healthy or wealthy, never demand benefit privileges—a large percentage of well-to-do members pay their contributions year after year, but call a private doctor when they fall ill.

Most Cuban mutual-benefit societies admit anyone not more than fifty years of age, not suffering from an incurable disease, not a Negro or Chinese. Until five years ago, women, more likely to require medical attention, were not admitted by most societies; now several associations exclusively for women exist. The Chinese, of whom there are some 25,000 in Cuba, have their own societies, such as the Kow Kong Association, but Negroes, comprising 27 per cent of the population of the island, must rely on public hospitals for medical care.

Not solely dependent on application of the insurance principle, the democratic managers of the societies are financially canny, augment association funds by commercial enterprise. Funds are carefully invested. *Centro Gallego* runs a savings bank, owns and operates one of the largest theaters in Havana. Barber shops, cigar stores, and restaurant concessions in club buildings bring in rental fees. Industries buy accident insurance for employees from the societies.

Yet, there are several darkening clouds on the financial and political horizons. Membership has been curtailed by the depression. Some smaller societies (such as *La Asociación Canaria*, whose membership dropped from 40,000 to 3,000) are in bankruptcy.³ The larger associations have carried on their work, however, more or less as usual. Last

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Readers of CALIFORNIA AND WESTERN MEDICINE who are interested are referred to CALIFORNIA AND WESTERN MEDICINE, February, 1932, pages 116 and 139, in which the topic "Health Insurance Societies of Cuba—Pseudo State Medicine and With a Vengeance" was editorially discussed. On page 141 of that issue appeared a full page of illustrations of the "Centro Asturiano."

¹ See "Medical Care, Economics Debated," *Literary Digest*, April 10. [Also May issue, CALIFORNIA AND WESTERN MEDICINE, page 292.]

² Public schools have been closed in Cuba for the last seven years because of political unrest. Mutual benefit societies have performed an important service in educating children of the poorer classes whose parents cannot afford private schools. Primary education, day and night classes for adults, courses in typewriting, accounting, music, art, sewing, etc., are provided.

³ Predepression membership figures were as follows: Centro Gallego, 64,000; Centro Asturiano, 60,000; Association of Commercial Employees, 52,000. Total number of societies runs well over forty. At its peak period, half the population of Cuba belonged to one of the mutual benefit societies.

year the Association of Commercial Employees, with a membership of 25,255, conducted 1,094 operations (with only sixteen deaths); made 12,446 visits to patients' homes; gave 295,460 consultations at the *quinta*; took care of 5,195 hospital cases.

Principal hazards of the mutual-benefit societies are hostile propaganda and doctors' strikes. During the past decade, growing opposition to the societies has arisen within the medical profession; physicians view the benefit associations as an economic threat. In 1934, the population of Cuba was 3,420,184. At that time there were 1,342 physicians, or one doctor for every 2,550 inhabitants. But 1,200 of these were located in Havana, a city whose population is 592,500, so the Capital had one doctor for every 494 persons. There is plenty of medical work to be done in Cuba, but chiefly among people who cannot pay for it. Cuba has more physicians than it can support.

Attributing their economic plight to the existence of the *quintas*, physicians maintain that the societies have wrecked profitable private practice, giving medical service for \$24 a year to patients well able to pay the fees of a private practitioner.⁴

ONE TO FORTY

Quintas are required by law to have at least one doctor for each forty patients. Average staff of doctors in the larger *quintas* is about fifty, working on a part-time basis, two or three hours a day, three or four days a week. The rest of their time is available for private practice. *Quinta Covadonga of Centro Asturiano* has a staff of 350, with the following monthly pay scale:

Director of the *quinta*, \$420; resident doctors, \$105; laboratory head, \$157; bacteriologist, \$62.50; chief doctor of each pavilion, \$157.50; pharmacist, \$132.50; nurses, \$56.45; nose and throat specialist, \$157.50; visiting doctors, \$137.50; chiropodist, \$69.30. The standard of living in Cuba has fallen considerably in recent years and these figures must be considered in the light of the fact that the middle-class white-collar worker earns about \$600 a year, lives comfortably on it; those in well-to-do circumstances manage nicely with incomes of \$1,000 to \$2,000 a year. Food and rents are extremely low.

First inkling that pressure was getting too great for the safety valve came in 1926. Doctors, bent on fighting the mutual-benefit societies, formed the Medical Federation of Cuba, demanded that the societies be limited to lower-income groups—single men with incomes of less than \$1,000, married men earning less than \$1,500. The societies resisted, maintaining that their greatest source of income were wealthier members who paid, but rarely used, *quintas*.

FLOP

A strike was called against *Centro Gallego* in 1926, lasted thirty-three weeks, left a tense situation which cracked in August, 1932, when the Medical Federation issued an ultimatum: All physicians would be withdrawn from the staffs of mutual-benefit society hospitals unless all members capable of paying for medical services were dropped. Five hundred doctors walked out, spurned mediation efforts of the Machado Government, expelled one hundred physicians who disapproved of the strike, left 2,440 hospital patients without medical attention. Public opinion rallied against the doctors and their strike flopped.

In 1933, the deep-rooted wound suppurred again. Cuba was torn with disorder, communist agitation; *quintas* were losing membership because strict national labor laws, favoring native Cubans, were driving their Spanish members back to Spain in droves. Again the Medical Federation threatened a general strike. This time, the mutual-benefit societies beat the doctors to the draw. Fifty thousand society supporters paraded to the Presidential Palace on September 27, 1933, stood in a drizzle and gave mannerly protest against President Ramon Grau San Martin's decree requiring all physicians to join the new Medical College of Cuba.

The crowd had its way when the decree was suspended on October 2, but an ugly situation developed in January,

1934, when the closing of all the Spanish mutual-benefit societies seemed imminent. The society presidents had recommended such action to their boards unless the Government restored the right to practice to those sympathizers of the associations who had been expelled from the National Medical College.

CHAOS

Promptly, the doctors called a general strike on January 19. In an amazing demonstration, doctors, nurses, interns, and hospital employees, some 25,000 in number, walked out all over the island. Critically ill patients were abandoned, equipment was destroyed, general panic ensued. Relatives and friends flocked to hospitals to care for suffering and dying patients. Surgeons were kidnapped at gun's point by frantic husbands and fathers, forced to attend patients. The Army occupied the hospitals and strike-breaking physicians, nagged on by the shade of *Esculapius*, risked their lives to save as many patients as they could. Reaction of the public was direct, primitive; doctors were bitterly condemned as bent on destroying the societies for selfish motives, forcing the public to pay exorbitant medical fees. The doctors were supported by the Cuban Conference of Labor, the island's most radical union, by Leftist students, by the faculty of the University of Havana, which resigned in sympathy with the physicians.

Disorder continued; health officers inspecting the hospitals were attacked despite heavy military guard. For three days embattled doctors and public fought lustily until the Army stepped in and forced order. On February 17, President Mendieta dissolved the National Medical College, which had called the strike.

Since then there have been no outbursts, chiefly because Colonel Batista will not tolerate public disorder. The doctors started fighting fire with fire, have established *quintas* of their own. Some two dozen have sprung up within the past two years, patterned after the mutual-benefit societies, but operated by doctors as commercial enterprises.

WHAT CAN A TEACHER DO FOR A CHILD WITH HEART DISEASE*

A child suffering from chronic heart disease is as much crippled as a child who has been partially paralyzed, sometimes more so. The child who is partially paralyzed from infantile paralysis enlists more sympathy from those around him than a child with a heart condition. Still, the child with a heart disease may suffer more disability and nervous strain than any other child, and his parents, teachers, and friends may be unaware of his condition.

For over ten years the Los Angeles City Schools have had a special program for all children with heart disease. A great number of school children with heart conditions have been examined by a board of heart specialists who outline a general program for them in cooperation with the family doctor, the parents, and the teachers. The remaining children are examined by the school physicians.

The parent, the doctor, and the teacher cooperate in guarding these children's activities. Many of the children's lives are prolonged through this guidance. They are educated along the proper vocational lines and become useful citizens in spite of their handicaps.

In the Los Angeles City Schools, children with heart disease are classified into four groups patterned after the classification of the American Heart Association. Most of the children are placed in corrective classes where they are given exercises and rest.

The teacher's part in guarding these pupils from becoming permanently disabled is of the greatest importance. The teacher who has children with heart diseases in her classes should remember that these children are often of a highly nervous temperament, which indirectly affects their heart condition. Therefore, these children should be favored in regard to recitations, coming late to class, and reprimands. The child with heart disease should be asked the first question so that he will not have to sit and wait for the question to be asked, as such suspense indirectly affects the nerve

* The Medical Federation holds that 25 per cent of the membership of mutual benefit societies could pay for medical care; the societies put the figure at 10 per cent.

* By Sven Lokrantz, M. D., Director of the Health Service Section of the Los Angeles School District.